

Quick Reference Guide for Claims, Reconsiderations, and Appeals

MHS Health Wisconsin / Network Health for BadgerCare Plus and SSI Members

Name	Description	Timeline
Corrected Claim	A corrected claim is when a provider submits a correction to the original claim	All requests for corrected claims, reconsiderations, or claim disputes must be received within 90 days from the date of explanation of payment or denial is issued, or as defined in your MHS Health contract.
Informal claim payment dispute resolution or reconsideration	<p>A request for a change that is the result of an error in processing such as keying errors, configuration issues, fee schedules or supported timely filing reconsiderations. Filing a claim reconsideration is <i>not</i> the same as filing a formal appeal.</p> <p><i>An informal claim resolution procedure and a claim reconsideration precedes the formal appeal.</i></p> <ul style="list-style-type: none"> • Verbal Inquiry • Provider Portal Claim Reconsideration 	All requests for corrected claims, reconsiderations, or claim disputes must be received within 90 days from the date of explanation of payment or denial is issued, or as defined in your MHS Health contract.
Administrative claim appeal (Formal Appeal)	<p>A request for re-evaluation or exception to a plan policy or contract requirement such as benefit limitations, eligibility, failure to obtain authorization or unsupported timely filing.</p> <p>Mailed to: MHS Health Wisconsin Attn: Appeals Department P.O. Box 3000 Farmington, MO 63640-3800</p> <p>Behavioral Health Claims Appeals mail to: BH WI Appeals P.O. Box 6000 Farmington, MO 63640</p>	<p>All requests for corrected claims, reconsiderations, or claim disputes must be received within 90 days from the date of explanation of payment or denial is issued, or as defined in your MHS Health contract.</p> <p>Provider must:</p> <ol style="list-style-type: none"> 1. First, submit an informal claim payment dispute resolution request. 2. Secondly, submit a claim reconsideration <p>NOTE:</p> <p>➡ All medical records must be submitted with formal appeals.</p>
Second Level Appeal to Wisconsin Department of Health Services (DHS)	<p>If a provider feels that further appeal is necessary, an appeal may be made to the DHS. To reserve the right to appeal to DHS, provider must exhaust all appeal rights with MHS Health.</p> <p>Mailed to: BadgerCare Plus and Medicaid SSI Managed Care Unit - Provider Appeal P.O. Box 6470 Madison, WI 53716-0470</p>	Providers that have exhausted payment dispute resolution with MHS Health may choose to pursue resolution directly with the Wisconsin DHS and have 60 calendar days from MHS Health's final appeal decision to submit all required information to the Wisconsin DHS.